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APPLICANTS

Jason M. O'Krangley, Caledonia, MI;

David M. Kruithoff, Grand Rapids, MI;

** CONTINUING DATA ***** OK 8/5 12/15/04
This appln claims benefit of 60/407,348 08/30/2002

** FOREIGN APPLICATIONS ***** NONE 8/5 12/15/04

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** SMALL ENTITY **

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	8/5 Initials		

ADDRESS

28101
VAN DYKE, GARDNER, LINN AND BURKHART, LLP
2851 CHARLEVOIX DRIVE, S.E.
P.O. BOX 888695
GRAND RAPIDS, MI
49588-8695

TITLE

Transportatable medical apparatus

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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